must be taken into account in many of these cases. In 6 cases there was no hypnotic action obtained even in doses of 30 grains. In 3 cases—*i. e.*, 12.5 per cent.—unpleasant effects were observed. One of these patients was suffering from hemiplegia, the result of an apoplectic stroke, which had occurred a short time before. Morphia had proved valueless in producing sleep, but 15 grains of sulphonal were followed by sleep lasting the entire night. On the next morning, however, the patient was completely aphasic, and this condition gradually disappeared only after 8 to 10 hours, the patient meanwhile feeling very weak. The second patient, after taking 45 grains in divided doses during the night, felt wretched and exceedingly weak on the following morning, and complained of a feeling of great depression and as though the senses were leaving him. The pulse was also retarded, beating only 38 in the minute, and this symptom disappeared only after several hours, and after the use of stimulants. The third patient, a man of sixty-two years of age, had often used morphia and chloral for sleep without effect. After 1 gramme of sulphonal deep sleep came on, lasting the whole night. On the next day, however, the patient was horrified to find that he had had a nocturnal seminal emission, the first for over ten years. He also felt sleepy the whole day, as though stupefied, and could not get up.

ACROMEGALIA.

BROCA (*Archiv. gén. de Méd.*, December, 1888) describes at great length the skeleton of the second case of acromegalia described by Marié. He sums this up by saying that there was a hypertrophy of the spongy portion of the bones of the limbs and trunk, with an increase of their porosity. The articular portion participated but little in the changes. The insertions of the tendons and ligaments were nearly all very prominent, the diaphyses were elongated, and the grooves for the arteries very large. The bodies of the lumbar vertebræ showed a tendency to a hypertrophy of the spongy portion. There was a cyphoscoliosis in the dorsal region, the scoliotic convexity being toward the left. The clinical history of this case stated that there was a hyperostosis, affecting especially the malar and inferior maxillary bones. The study of the skeleton showed that this was an error, as the malar bone was not involved, and there was no hyperostosis. The superior maxilla was massive. The face was distended by a bulging of the maxillary sinus; in fact all the sinuses of the bones of the cranium were greatly dilated. The inferior maxilla exhibited in a high degree the characteristic deformity.

CHOREA.

W. P. HERRINGHAM (*Brit. Med. Journ.*, January 12, 1889, 75) has made a study of the antecedents, family history, state of the heart, and subsequent history of 80 cases of chorea. An antecedent history of rheumatism could be traced in 37 cases. Injury, shock, or a violent burst of emotion preceded the attack in 6 cases, the interval being never longer than two days. Hard mental work or worry was found in 20 cases. In 25 cases none of these causes could be traced, and 14 of these were instances of first attacks. Nearly all the patients were delicate, and headache and indigestion were common. The study of the family history (calculated from parents, brothers, and sisters only) showed that rheumatic fever had occurred in 25 out of the 75 families, and that 17 of these belonged to 34 patients, themselves of the rheumatic class. Chorea had occurred in 12 families, 9 of whom were also rheumatic. The heart was normal in 10 cases, possibly diseased in 25, and certainly so in 20. Signs of cardiac disease developed during observation in 11 cases, and signs which were at first present vanished under observation in 4 cases. After an interval of 2 years or more 5 of these 11 cases were re-examined, and of these the hearts of 2 were normal, while in 3 that organ gave clear signs of disease. Of the 25 cases whose hearts were possibly diseased, 2 had become healthy, and 7 appeared certainly affected. The author concludes: 1. That a large number of choreic patients are liable to rheumatism. 2. That choreic patients are nearly always of a delicate constitution. 3. That chorea is sometimes directly caused by emotion. 4. That chorea might cause permanent heart disease. 5. That it also gives rise to signs of heart disease which are not permanent.

A. E. Garrod (*ibid.*) has studied the relation of chorea to rheumatism, basing his observations on 80 cases of chorea, 49 of whom were suffering from first attacks. There was a history of rheumatism in the families of 32 patients, and it is to be noted that the tendency to chorea was far more marked in some of these rheumatic families than in others. The number of cases in which there had been manifestations of rheumatism other than endocarditis was 36. There were cases which had had no family or personal history of any manifestation of rheumatism, and which yet were proved to be of rheumatic origin. Such were rheumatic patients who had previously suffered from chorea, or those in which erythema nodosum and arthritis developed in the course of an apparently non-rheumatic chorea, or where chorea was associated with pericarditis or with endocarditis and nodules without joint pains. In 15 cases the onset was ascribed to fright, but inquiry showed that in some of these the fright followed the development of the chorea. In 45 cases a definite heart-murmur was heard, and in 6 others the first sound was "murmurish." In some instances the murmurs developed under observation. The author is of the opinion that the endocarditis of chorea is probably always of rheumatic origin, but there is no ground to believe that chorea itself is always of rheumatic origin, a considerable number of cases being probably due to emotional and other causes.

THE TREATMENT OF FRIEDREICH'S ATAXIA BY SUSPENSION.

P. Blocq (*Rev. gén. de Clin. et de Méd.*, February 14, 105) describes the method of treatment of locomotor ataxia by suspension, and the cause of its discovery by Motchoukowsky. He also speaks of the great success which the method has attained in the hands of Charcot, and finally reports the improvement which has taken place in one of his own cases of Friedreich's ataxia. This case he reported in May, 1888, in *France Médicale*. In February of that year the patient, a girl of sixteen years, exhibited scoliosis with the convexity to the left, scanning speech, ataxia of the head, and nystagmus. There was manifest ataxia of the upper extremities, and she was unable to carry a spoon to the mouth when the eyes were shut, or to touch the finger to the nose; could not learn to play the piano, and her handwriting was very wavering. The inferior extremities exhibited talipes equino-varus. There was incoördina-